

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



FOR OFFICIAL USE
ONLY

OFFICE OF TAX &
REVENUE (OTR)

SIGNATURE

DATE

CLEAN HANDS CERTIFICATION

PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE ADMINISTRATION PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU \$1,000.00 (ONE THOUSAND DOLLARS). THIS CERTIFICATION IS REQUIRED BY THE CLEAN HANDS ACT OF 1996; EFFECTIVE MAY 11, 1996, (D.C. LAW 11-118, D.C. OFFICIAL CODE SEC. 47-2861 *et seq.*) **BEFORE YOU ARE ELIGIBLE TO RECEIVE A LICENSE OR PERMIT.**

I, _____, as _____,
(Name – Print or Type) (Applicant's Title)

certify that address: _____, social security number _____

as of this date _____, does not owe more than \$100.00 to the District of Columbia Government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administrative Act of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Official Code Sec. 8-801 *et seq.*);
2. Fines, penalties or interest assessed pursuant to the illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Official Code Sec. 8-901 *et seq.*);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer & Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Official Code Sec. 2-1801.01 *et seq.*); or
4. Past due taxes; or
5. Past due District of Columbia Water and Sewer Authority Service Fees.

I understand that if I knowingly falsify this Certification, the Administration will move to revoke the license or permit for which I am applying, and fine me \$1,000.00 (one thousand dollars). I further understand that the Administration may conduct an investigation to ascertain the veracity of this certification.

I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

Signature

Print Name/Title

ABC Application Number

ABC License Number

For Tax Assistance Call (202) 727-4829

SPECIAL NOTICE

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten (10) days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.